



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Nicholas Steigelman et al.  
SERIAL NO.: 09/333,565  
FILING DATE: June 21, 1999  
TITLE: Telephone-Coupled Device for Internet Access  
EXAMINER: Jefferey F. Harold  
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ART UNIT: 2644

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AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

This paper is responsive to the Office Action mailed **March 12, 2004**. Please amend the above-identified application as follows:

**Listing of Claims** begin on page 2 of this paper.

**Remarks** begin on page 5 of this paper.



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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AF  
2644**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/333,565	
	Filing Date	June 21, 1999	
	First Named Inventor	Nicholas Steigelman et al.	
	Art Unit	2644	
	Examiner Name	Jefferey F. Harold	
Total Number of Pages in This Submission	9	Attorney Docket Number	034297-031

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return postcard</b>
<div>Remarks</div> <div><b>RECEIVED</b> JUN 22 2004 Technology Center 2600</div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Khaled Shami, Reg. No. 38,745 THELEN REID & PRIEST LLP
Signature	
Date	June 14, 2004

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Typed or printed name	Sharon E. Byam		
Signature		Date	June 14, 2004

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